RELEASE OF ALL CLAIMS

I,	, residing	gat				
	(Print Name)	(Street Address)				
		, do hereby state the following:				
	(City, State and Zip Code)					
1.	1. On or about the day of, 20	, I applied for employment with the City of El Paso				
	for the position of either POLICE TRAINEE/	CERTIFIED POLICE TRAINEE/POLICE OFFICER.				
2.	. That as part of the examination procedure for this position, I must take a physical fitness test;					
3.	3. That I am aware that accidents resulting in personal injury and property damage could occur while taking such a physical performance test;					
4. THEREFORE, in consideration of the opportunity to obtain employment with the City of the position of POLICE TRAINEE/CERTIFIED POLICE TRAINEE/POLICE OFFICER RELEASE and DISCHARGE the City of El Paso, its agents, employees and officers from which I, my heirs, executors, administrators, or assigns may have against the City of El Pa						
5.	5. Further that I understand the terms of this knowledge of its significance.	Release and have signed it voluntarily and with full				
S	SIGNED THIS day of . 20					
	SIGNED THIS day of, 20_	(Applicant Signature)				
THE STA	TATE OF)					
COUNTY	TY OF)					
В	BEFORE ME, the undersigned auth	ority, on this day personally appeared, known to me to be the person whose name is				
subscribe	ed to the foregoing instrument, and acknowledge	e to me that he/she executed the same for the purposes				
and consi	sideration herein expressed.					
G	GIVEN UNDER MY HAND AND SEAL OF OF	FICE this day of				
Notary Pr	Public.					
. <i>y</i>	Public, (City and State)	(Notary Signature) My Commission Expires:				